

OFFICIAL

Division: HCFA-PM-87-4 (BERC)
March 1987

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D. Definition of Services:

The Case Management Program (CMP) is the combination of services provided to seriously mentally ill adults and children, who do not accept or engage in community mental health programs and/or who have multiple service needs and require extensive service coordination. The CMP services include, but are not limited to, assessment, service planning, services linkage, ongoing monitoring, ongoing clinical support, and advocacy (as integral but subordinate components of the overall service regimen).

"Liaison Case Management" means that part of the Case Management Program targeted to seriously mentally ill individuals, who have been discharged from a State or County psychiatric hospital or psychiatric unit of a general acute care hospital who require short term assistance to ensure that they are linked to community mental health programs. Liaison Case Management services include, but are not limited to, assessment, service planning, service linkage, and time limited monitoring.

E. Qualifications of Providers:

All providers of Case Management Services, including Liaison Case Management Services must be Division of Mental Health and Hospitals' (DMH&H) designated mental health service agencies who have also been approved as Medicaid providers by the Division of Medical Assistance and Health Services. Provider entities must be mental health provider organizations who contract with the New Jersey Division of Mental Health and Hospitals in accordance with the "Rules and Regulations Governing Community Mental Health Services and State Aid Under the Community Mental Health Services Act (N.J.S.A. 30:9A)."

N No. 91-5

Supersedes

N No. **New**

Approval Date

NOV 21 1991

Effective Date JUL 1 1991

HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-4 (BERC)
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State/Territory: NEW JERSEY

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 91-5
Supersedes
TN No. 87-14

Approval Date NOV 21 1991

Effective Date JUL 1 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW JERSEY

CASE MANAGEMENT SERVICES

A. Target Group:

SEE ATTACHED

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

SEE ATTACHED

E. Qualification of Providers:

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TM No. 91-5
Supersedes
TM No. 87-14

Approval Date NOV 21 1991

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State Plan Under Title XIX Of The Social Security Act
State/Territory: New Jersey
CASE MANAGEMENT SERVICES

A. Target Group:

Case Management is targeted to adults and children with serious mental illness who are at high risk of hospitalization or deterioration in their functioning and who require an assertive community outreach service to meet their needs. Case management is for either long term support or linkage to other mental health services. Such individuals have serious and disabling mental illness; have a history or assessment of not accepting or engaging in community mental health services; overutilize acute care services (including emergency/screening and inpatient); and/or have multiple service needs and require extensive service coordination.

With respect to long term support, the target group must meet one of the following risk category criteria:

1. High risk (intensive case management involvement) shall be provided to clients who are in crisis and at immediate risk of decompensation, or who are experiencing situational crises which, without active intervention, would rapidly lead to decompensation and hospitalization.
2. At risk (supportive case management involvement) shall be provided to clients who exhibit signs of regression, who stop their medication, who are undergoing major transitions from an inpatient or residential treatment setting, or who are withdrawing or refusing needed aftercare services.
3. Low Risk (maintenance level case management involvement) shall be provided to clients who are stable but who have a pattern of psychiatric hospitalization, acute care recidivism, dropping out of mental health and non-mental health services, medication non-compliance, disruption of living, working, program and social environments.

TN No. 91-5

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HCFA ID: 1040P/0016P

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